| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF WISCONSIN | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|---|--|---|---|
| | | About Debtor 1: | , | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued | Jeanette First name | _ | First name |
| | picture identification (for example, your driver's | M. | | riistrianie |
| | license or passport). | Middle name | _ | Middle name |
| | Bring your picture identification to your | Montes de Oca | | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names and any assumed, trade names and doing business as names. | | | |
| | Do NOT list the name of any separate legal entity such as a corporation, | | | |
| | partnership, or LLC that is not filing this petition. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5892 | | |
| | | | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|--|---|--|--|--|--|
| 4. | Your Employer Identification Number (EIN), if any. | EIN | EIN | | | |
| 5. | Where you live | 6503 21st Avenue | If Debtor 2 lives at a different address: | | | |
| | | Kenosha, WI 53143 Number, Street, City, State & ZIP Code Kenosha | Number, Street, City, State & ZIP Code | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| De | btor 1 _Jeanette M. Monte | s de Oca | | Case number (if known) | | | | | |
|-----|---|---|---|---|--|-----------------|--|--|--|
| | | | | | | | | | |
| Pai | Tell the Court About | Your Bankruptcy C | ase | | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ☐ Chapter 7 | ☐ Chapter 7 | | | | | | |
| | | ☐ Chapter 11 | □ Chapter 11 | | | | | | |
| | | ☐ Chapter 12 | | | | | | | |
| | | Chapter 13 | | | | | | | |
| | | | | | | | | | |
| 8. | How you will pay the fee | about how y | ou may pay. Typi r attorney is subm | cally, if you are paying the fee yo | with the clerk's office in your local court for urself, you may pay with cash, cashier's checulf, your attorney may pay with a credit card court for the court of the court for the cour | ck, or money | | | |
| | | ☐ I need to pa | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). | | | | | | |
| | | ☐ I request the | at my fee be wai quired to, waive y | ved (You may request this optior our fee, and may do so only if yo | only if you are filing for Chapter 7. By law, a ur income is less than 150% of the official poinstallments). If you choose this option, you | verty line that | | | |
| | | | | | ial Form 103B) and file it with your petition. | mast mi out | | | |
| 9. | Have you filed for | ■ No. | | | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | | | |
| | , | District | | When | Case number | | | | |
| | | District | - | When | Case number | | | | |
| | | District | | When | Case number | | | | |
| | | | | | | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | Debtor | | | Relationship to you | | | | |
| | | District | : | When | Case number, if known | | | | |
| | | Debtor | | | Relationship to you | | | | |
| | | District | | When | Case number, if known | | | | |
| | _ | | | | | | | | |
| 11. | Do you rent your residence? | ■ No. Go to | line 12. | | | | | | |
| | | ☐ Yes. Has y | our landlord obtai | ned an eviction judgment agains | you? | | | | |
| | | | No. Go to line 1 | 2. | | | | | |
| | | | Yes. Fill out <i>Init</i> this bankruptcy | | ludgment Against You (Form 101A) and file it | as part of | | | |

| Deb | tor 1 Jeanette M. Monte | es de Oca | a | | Case number (if known) | | |
|-----|---|-----------------------------------|----------|---|---|--|--|
| | | | | | | | |
| Par | Report About Any Bu | ısinesses | You Ow | n as a Sole Propriet | or | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Nam | e and location of busi | ness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numi | ber, Street, City, State | e & ZIP Code | | |
| | it to this petition. | | Chec | k the appropriate box | a to describe your business: | | |
| | | | | Health Care Busin | ess (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | proceed you are c cash-flow | | | | | |
| | | ☐ Yes. | | | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. | | |
| | | ☐ Yes. | | | 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. | | |
| Par | Report if You Own or | Have Any | y Hazard | ous Property or Any | Property That Needs Immediate Attention | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ■ No. | What is | the hazard? | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is , why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | is the property? | | | |
| | <u> </u> | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Jeanette M. Monte | es de Oca | | Case number | (if known) | | | |
|-----|---|---|---|---|---|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or business | s debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. (| Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | administrative expenses | | □No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | □Yes | | | | | |
| | | | | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 | ☐ 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 | | ☐ 5001-10,000 | □ 50,001-100,000 | | | |
| | owe: | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion | | | | |
| | | | 001 - \$500,000 101 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| Par | t7: Sign Below | | | | | | | |
| For | you | I have exa | amined this petition, and I declare | e under penalty of perjury that the inform | nation provided is true and correct. | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | | bankrupto and 3571. | y case can result in fines up to \$. | ncealing property, or obtaining money or 250,000, or imprisonment for up to 20 ye | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | Jeanette | ette M. Montes de Oca e M. Montes de Oca of Debtor 1 | Signature of Debtor | 2 | | | |
| | | Executed | | Executed on | | | | |
| | | | MM / DD / YYYY | MM | / DD / YYYY | | | |

| Debtor 1 | Jeanette | ΝЛ | Montos | do Oca | |
|----------|----------|------|--------|--------|---|
| Debloi i | Jeanette | IVI. | wontes | ae oca | 1 |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Michael Rud | Date | March 19, 2024 |
|--|---------------|---------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Michael Rud Printed name | | |
| ESSERLAW LLC Firm name | | |
| 11805 W. Hampton Avenue Milwaukee, WI 53225 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (414) 461-7000 | Email address | nancyl@esserlaw.com |
| 1083073 WI | | |
| Bar number & State | | |

| Fill ir | n this information | to identify your o | case: | | | |
|-------------|---|----------------------|---|--|--------------|--------------------------------|
| Debto | or 1 Je a | anette M. Monte | | | | |
| Debto | | Name | Middle Name | Last Name | | |
| | | Name | Middle Name | Last Name | | |
| Unite | d States Bankrupto | cy Court for the: | EASTERN DISTRICT | OF WISCONSIN | | |
| Case | | | | | □ Choc | k if this is on |
| (ii kilov | , | | | | _ | k if this is an ided filing |
| | | | | | | |
| <u>Offi</u> | cial Form 2 | 106Sum | | | | |
| | | | | nd Certain Statistical Information | | 12/15 |
| inforn | nation. Fill out all | of your schedule | s first; then complete t | e are filing together, both are equally responsible the information on this form. If you are filing amen | | |
| - | | | new <i>Summary</i> and chec | ck the box at the top of this page. | | |
| Part ' | 1: Summarize | our Assets | | | | |
| | | | | | Your a | issets of what you own |
| 1. | Schedule A/B: Pr | operty (Official Fo | rm 106A/B) | | Φ. | 162,656.00 |
| | | | | | \$ | · |
| | 1b. Copy line 62, T | otal personal prop | erty, from Schedule A/B | | \$ | 52,412.10 |
| | 1c. Copy line 63, T | otal of all property | on Schedule A/B | | \$ | 215,068.10 |
| Part 2 | 2: Summarize | our Liabilities | | | | |
| | | | | | | iabilities nt you owe |
| | | | aims Secured by Propert on A, Amount of claim, a | ty (Official Form 106D) t the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 107,827.00 |
| | | | Insecured Claims (Offici (priority unsecured claim | al Form 106E/F) ms) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| ; | 3b. Copy the total | claims from Part 2 | ? (nonpriority unsecured | claims) from line 6j of Schedule E/F | \$ | 14,608.64 |
| | | | | Your total liabilities | \$ | 122,435.64 |
| Part 3 | 3: Summarize | our Income and | Expenses | | | |
| | Schedule I: Your II Copy your combine | | | le I | \$ | 4,360.19 |
| | Schedule J: Your I Copy your monthly | | | | \$ | 4,088.34 |
| Part 4 | 4: Answer Thes | se Questions for | Administrative and Sta | tistical Records | | |
| | | | r Chapters 7, 11, or 13 on this part of the form. | ? Check this box and submit this form to the court with y | our other sc | hedules. |
| 7. | ■ Yes What kind of deb | do you have? | | | | |
| | ■ Your debts a | re primarily cons | umer debts. Consumer | debts are those "incurred by an individual primarily fo | r a persona | . family. or |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____1,961.55

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | mation to identify y | oui case and th | io illili | | | | |
|--|--|---|--------------------------------------|--|-----------------------------------|-------------|--|
| Debtor 1 | Jeanette M. M | | Name | Last Name | | | |
| Debtor 2 | i iist ivaine | Middle | Name | Lastivanie | | | |
| (Spouse, if filing) | First Name | Middle | Name | Last Name | | | |
| United States Ba | ankruptcy Court for th | ne: EASTERN | DISTRI | CT OF WISCONSIN | | | |
| Case number | | | | | | | Check if this is an amended filing |
| Official Ec | orm 106A/B | | | | | | |
| _ | le A/B: Pro | perty | | | | | 12/15 |
| hink it fits best. Enformation. If more Answer every que Part 1: Describe 1. Do you own or No. Go to Pa Yes. Where | Be as complete and ac re space is needed, att stion. Each Residence, Buil have any legal or equi | curate as possible ach a separate she ding, Land, or Ot | e. If two neet to the her Real | only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages Estate You Own or Have an Interest In ence, building, land, or similar property? | equally responsible | e for suppl | ying correct |
| 1.1 | 4 A | | What | is the property? Check all that apply | | | |
| Street address | t Ave s, if available, or other descri | ption | | Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any | secured cl | s or exemptions. Put aims on <i>Schedule D:</i> Secured by Property. |
| Kenosha City | WI State | 53143-0000 ZIP Code | | Manufactured or mobile home Land Investment property | Current value of entire property? | p | Current value of the portion you own? \$162,656.00 |
| | | | □ □ Who | Timeshare Other has an interest in the property? Check one Debtor 1 only | | ple, tenanc | ownership interest y by the entireties, or |
| Kenosha | | | | Debtor 2 only | | | |
| County | | | | Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iter erty identification number: | (see instruction | | nity property |
| | | | the | the 2023 City of Kenosha Property property is \$176,800. Reducing by 2,656. | | | |
| | | | | your entries from Part 1, including any r here | | | \$162,656.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Official Form 106A/B Schedule A/B: Property page 1

| Deb | tor 1 _J | eanette M. I | Montes de Oca Ca | ase number (if known) | |
|-----------------|-----------------|----------------------------------|--|---|---|
| 3. C | ars, vans, | trucks, tract | ors, sport utility vehicles, motorcycles | | |
| | No | | | | |
| | Yes | | | | |
| | | | | B | |
| 3.1 | Make: | Subaru | Who has an interest in the property? Check one | | ed claims or exemptions. Put ecured claims on <i>Schedule D:</i> |
| | Model: | Legacy | Debtor 1 only | Creditors Who Have | Claims Secured by Property. |
| | Year: | 2012 nate mileage: | Debtor 2 only | Current value of th entire property? | e Current value of the portion you own? |
| | | ormation: | Debtor 1 and Debtor 2 only At least one of the debtors and another | entire property: | portion you own: |
| | | | | | |
| | | | Check if this is community property (see instructions) | \$4,000.0 | 90 \$4,000.00 |
| □ 5 A | | | the portion you own for all of your entries from Part 2, including ar d for Part 2. Write that number here | | \$4,000.00 |
| Part | 3: Descri | be Your Perso | nal and Household Items | | |
| Doy | ou own o | or have any le | egal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ε | | goods and for Major appliand | urnishings ces, furniture, linens, china, kitchenware | | |
| | Yes. De | scribe | | | |
| | | | Beds(4), dressers(3), nightstand, lamp, sofa, loveseats(2), tables(2), bookcase, cabinet, entertainement center, dining w/chairs, china, desk, kitchen table w/chairs, stove, refrige freezer, microwave oven, cookware/utensils, dishes, vacu cleaner, washers(2), dryers(2), patio furniture | g table erator, | \$4,010.00 |
| | | Televisions ar including cell | nd radios; audio, video, stereo, and digital equipment; computers, printe phones, cameras, media players, games | rs, scanners; music col | ections; electronic devices |
| | | | | | |
| | | | TV, alarm clock, computer, printer, smart phones(2), video | camera | \$815.00 |
| E | | Antiques and other collection | figurines; paintings, prints, or other artwork; books, pictures, or other art ons, memorabilia, collectibles | t objects; stamp, coin, c | r baseball card collections; |
| | | | Pictures/paintings, artwork/art objects | | \$200.00 |

| ט | eptor 1 Jeanette M. | Montes de Oca Case number (if know | n) |
|-----|---|--|--|
| 9. | Equipment for sports a Examples: Sports, photo | and hobbies ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe | es and kayaks; carpentry tools; |
| | musical instr | | |
| | □ No | | |
| | Yes. Describe | | |
| | | Misc. sports equipment, exercise equipment, bikes(4), misc. | |
| | | power/hand tools, piano | \$580.00 |
| | | E | |
| 10 | Firearms Examples: Pistols, rifle | es, shotguns, ammunition, and related equipment | |
| | No | | |
| | ☐ Yes. Describe | | |
| | Clothes | | |
| 11. | | lothes, furs, leather coats, designer wear, shoes, accessories | |
| | □No | , , , , , , , , , , , , , , , , , , , | |
| | Yes. Describe | | |
| | | | |
| | | Clothing | \$1,000.00 |
| | | | |
| 12 | . Jewelry Examples: Everyday je □ No | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems | s, gold, silver |
| | Yes. Describe | | |
| | | | *** |
| | | Misc. jewerly items | \$20.00 |
| 14 | Examples: Dogs, cats, No □ Yes. Describe Any other personal ar ■ No □ Yes. Give specific in | nd household items you did not already list, including any health aids you did not list | |
| | | | |
| 15 | | of all of your entries from Part 3, including any entries for pages you have attached number here | \$6,625.00 |
| | ioi Part 3. Write that | number nere | |
| | | | |
| | Describe Your Finar | | |
| D | o you own or have any | legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | | , |
| 16 | □ No | have in your wallet, in your home, in a safe deposit box, and on hand when you file your pe | tition |
| | ■ Yes | | |
| | | Cash | \$100.00 |
| _ | | | 4.0000 |
| | Denesite of warmen | | |
| 17 | Deposits of money Examples: Checking, s | savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerag | e houses, and other similar |
| | institutions. | If you have multiple accounts with the same institution, list each. | |
| | □ No | Large et al. | |
| | ■ Yes | Institution name: | |

page 3

Schedule A/B: Property

Official Form 106A/B

| De | btor 1 Jeanette M. Montes | s de Oca | Case number (if known) | |
|-----|--|----------------------------|---|----------------------|
| | | | | |
| | 17.1. | Checking | Trustone | \$949.85 |
| | | | | |
| | 17.2. | Checking | Educators Credit Union (account negative) | \$0.00 |
| | 17.3. | Pre-paid Card | Reliacard (prepaid card for unemployment benefits) | \$3.00 |
| | 17.4. | Pre-paid Card | EPPICard (child support) | \$3.00 |
| | 17.5. | Savings | Trustone | \$1,604.00 |
| | 17.6. | Pre-paid Card | Quest | \$484.23 |
| 18. | Bonds, mutual funds, or publi Examples: Bond funds, investm ■ No □ Yes | | ge firms, money market accounts | |
| 19. | | | d and unincorporated businesses, including an interest in an L | LC, partnership, and |
| | ■ No | | | |
| | Yes. Give specific information Na | n about themame of entity: | % of ownership: | |
| 20. | Negotiable instruments include | personal checks, cashiers | e and non-negotiable instruments c' checks, promissory notes, and money orders. c to someone by signing or delivering them. | |
| | ☐ Yes. Give specific information | about them suer name: | | |
| 21. | Examples: Interests in IRA, ERI | |), thrift savings accounts, or other pension or profit-sharing plans | |
| | ■ No □ Yes. List each account separa Type | ately. of account: | Institution name: | |
| 22. | Examples: Agreements with lan | its you have made so that | you may continue service or use from a company c utilities (electric, gas, water), telecommunications companies, or of | thers |
| | ■ No □ Yes | | Institution name or individual: | |
| 23. | Annuities (A contract for a period | odic payment of money to | you, either for life or for a number of years) | |
| | ■ No □ Yes Issuer nan | ne and description. | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 529A(b), | | ed ABLE program, or under a qualified state tuition program. | |
| | ■ No □ Yes Institution | name and description. Se | parately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, equitable or future inte ■ No | erests in property (other | than anything listed in line 1), and rights or powers exercisable | for your benefit |

Official Form 106A/B Schedule A/B: Property page 4

| D | eptor 1 | Jeanette M. Montes de Oca | a | C | ase number (<i>it known)</i> | |
|-----|---------------------|---|--|-------------------------------|-------------------------------|--|
| | ☐ Yes. | Give specific information about the | nem | | _ | |
| 26. | | s, copyrights, trademarks, trade | | | 2 | |
| | ■ No | · | , | id noononing agreement | | |
| | ☐ Yes. | Give specific information about the | nem | | | |
| 27. | Examp ■ No | es, franchises, and other generables: Building permits, exclusive lic | censes, cooperative association | holdings, liquor license | es, professional licenses | |
| | | Give specific information about the | len | | | |
| M | oney or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | . Tax ref | unds owed to you | | | | |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific information about the | em, including whether you alrea | dy filed the returns and | the tax years | |
| | | | | | | |
| 29. | | support oles: Past due or lump sum alimon | ny, spousal support, child suppo | rt, maintenance, divorc | e settlement, property se | ttlement |
| | | Give specific information | | | | |
| | | | | | | |
| | | | Support arrears owed by | Marquese | | |
| | | | Callahan | | Child Support | \$5,337.00 |
| | | | | | | |
| | | | Support arrears owed by Saucedo | Anthony | Child Support | \$33,306.02 |
| 30. | | amounts someone owes you oles: Unpaid wages, disability insu benefits; unpaid loans you m | | fits, sick pay, vacation | pay, workers' compensa | tion, Social Security |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific information | | | | |
| 31. | | ts in insurance policies oles: Health, disability, or life insur | ance; health savings account (h | ISA); credit, homeowne | er's, or renter's insurance | |
| | | Name the insurance company of e | each policy and list its value. | | | |
| | | Company n | | Beneficiary | : | Surrender or refund value: |
| 32. | If you a | terest in property that is due you are the beneficiary of a living trust one has died. | u from someone who has die , expect proceeds from a life ins | d urance policy, or are cu | urrently entitled to receive | property because |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific information | | | | |
| 33. | _Examp | against third parties, whether of | | | or payment | |
| | ■ No | oles: Accidents, employment dispu | or not you have filed a lawsuit utes, insurance claims, or rights | | | |
| _ | _ | | | | | |
| | ☐ Yes. | Describe each claim | utes, insurance claims, or rights | to sue | | |
| 34 | ☐ Yes. | | utes, insurance claims, or rights | to sue | debtor and rights to se | et off claims |
| 34 | ☐ Yes. Other of No | Describe each claim | utes, insurance claims, or rights | to sue | debtor and rights to se | et off claims |

page 5

Schedule A/B: Property

Official Form 106A/B

| Debtor 1 | Jeanette M. Montes de Oca | | Case number (if known) | |
|------------------|---|----------------------------|------------------------------|--------------|
| 35. Any | financial assets you did not already list | | | |
| ■ No | | | | |
| ☐ Ye | s. Give specific information | | | |
| | d the dollar value of all of your entries from Part 4, includin Part 4. Write that number here | | | \$41,787.10 |
| Part 5: | Describe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ite in Part 1. | |
| 37. Do yo | u own or have any legal or equitable interest in any business-relate | ed property? | | |
| No. | Go to Part 6. | | | |
| ☐ Yes. | . Go to line 38. | | | |
| | Describe Any Farm- and Commercial Fishing-Related Property You fyou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. Do y | ou own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| ■ N | lo. Go to Part 7. | | | |
| ΠY | es. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| | ou have other property of any kind you did not already list | ? | | |
| _ | mples: Season tickets, country club membership | | | |
| ■ No | | | | |
| ⊔ те | s. Give specific information | | | |
| 54. Ad | d the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Pa r | t 1: Total real estate, line 2 | | | \$162,656.00 |
| | t 2: Total vehicles, line 5 | \$4,000.00 | | |
| 57. Par | t 3: Total personal and household items, line 15 | \$6,625.00 | | |
| 58. Par | t 4: Total financial assets, line 36 | \$41,787.10 | | |
| 59. Par | t 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Par | t 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Par | t 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. Tot | al personal property. Add lines 56 through 61 | \$52,412.10 | Copy personal property total | \$52,412.10 |
| 63. Tot | al of all property on Schedule A/B. Add line 55 + line 62 | | _ | \$215,068.10 |
| | | | L | |

Official Form 106A/B Schedule A/B: Property page 6

| | | | | | | _ |
|-------------------|---|---|---|---------------------|---|--|
| Fil | ll in this inform | ation to identify your o | case: | | | |
| De | ebtor 1 | Jeanette M. Monte | es de Oca | | | |
| _ | | First Name | Middle Name | L | ast Name | |
| | ebtor 2 oouse if, filing) | First Name | Middle Name | L | ast Name | |
| Ur | nited States Ban | kruptcy Court for the: | EASTERN DISTRICT OF V | WISCO | NSIN | |
| Ca | ase number | | | | | |
| | known) | | | | | ☐ Check if this is an amended filing |
| 0 | fficial For | m 106C | | | | |
| S | chedule | C: The Pro | perty You Cl | aim | as Exempt | 4/22 |
| the nee cas | property you list eded, fill out and se number (if known reach item of p | sted on <i>Schedule A/B: P</i> I attach to this page as r own). property you claim as e | Property (Official Form 106A/E many copies of Part 2: Additi exempt, you must specify t | 3) as yo onal Pa | our source, list the property that you age as necessary. On the top of any bunt of the exemption you claim. | additional pages, write your name and One way of doing so is to state a |
| any fun exe | y applicable stands—may be une emption to a pa | atutory limit. Some exe nlimited in dollar amou | emptions—such as those fo int. However, if you claim a | or heal an exen | th aids, rights to receive certain b nption of 100% of fair market valu | ing exempted up to the amount of penefits, and tax-exempt retirement the under a law that limits the t, your exemption would be limited |
| Pa | art 1: Identify | the Property You Cla | im as Exempt | | | |
| | | | aiming? Check one only, ev | en if vo | our spouse is filing with you | |
| ٠. | _ | | | • | , | |
| | _ | 9 | nonbankruptcy exemptions. | 11 0.8 | 5.C. 9 522(D)(3) | |
| | ☐ You are cla | iming federal exemption | ns. 11 U.S.C. § 522(b)(2) | | | |
| 2. | For any prop | erty you list on Schedu | ule A/B that you claim as ex | xempt, | fill in the information below. | |
| | | on of the property and line hat lists this property | e on Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | Concuano 702 C | nat note time property | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 6503 21st A Kenosha Co | ve Kenosha, WI 531 ounty | \$162,656.00 | | \$75,000.00 | Wis. Stat. § 815.20 |
| | Per the 2023 Property Ta Value of the Reducing b | 3 City of Kenosha x Bill, the Fair Marko property is \$176,80 y 8% cost of sale elds \$162,656. | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2012 Subaru | | \$4,000.00 | | \$4,000.00 | Wis. Stat. § 815.18(3)(g) |
| | Line nom S <i>cn</i> | euule A/D. 3. l | | | 100% of fair market value, up to any applicable statutory limit | |
| | • • • | essers(3), nightstand | d, \$4,010.00 | | \$4,010.00 | Wis. Stat. § 815.18(3)(d) |
| | tables(2), be entertainem | loveseats(2), end pokcase, cabinet, lent center, dining ta lina, desk, kitchen ta | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

dishes, vacuum Line from Schedule A/B: **6.1**

w/chairs, stove, refrigerator, freezer, microwave oven, cookware/utensils,

Schedule C: The Property You Claim as Exempt

| or 1 Jeanette M. Montes de Oca | | | Case number (if known) | |
|--|--------------------------------------|-----|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| TV, alarm clock, computer, printer, smart phones(2), video camera | \$815.00 | | \$815.00 | Wis. Stat. § 815.18(3)(d) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Pictures/paintings, artwork/art | \$200.00 | | \$200.00 | Wis. Stat. § 815.18(3)(d) |
| Line from Schedule A/B: 8.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Misc. sports equipment, exercise equipment, bikes(4), misc. | \$580.00 | | \$580.00 | Wis. Stat. § 815.18(3)(d) |
| power/hand tools, piano Line from <i>Schedule A/B</i> : 9.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothing Line from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | Wis. Stat. § 815.18(3)(d) |
| Line Irom Scriedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Misc. jewerly items | \$20.00 | | \$20.00 | Wis. Stat. § 815.18(3)(d) |
| Line from <i>Schedule A/B</i> : 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Trustone | \$949.85 | | \$949.85 | Wis. Stat. § 815.18(3)(k) |
| Line from <i>Schedule A/B</i> : 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Pre-paid Card: Reliacard (prepaid card for unemployment benefits) | \$3.00 | | \$3.00 | Wis. Stat. § 108.13 |
| Line from Schedule A/B: 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| Pre-paid Card: EPPICard (child | \$3.00 | | \$3.00 | Wis. Stat. § 815.18(3)(c) |
| support) Line from <i>Schedule A/B</i> : 17.4 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: Trustone Line from Schedule A/B: 17.5 | \$1,604.00 | | \$1,604.00 | Wis. Stat. § 815.18(3)(k) |
| LING HOLLI GOLIEGUIE PVD. 11.0 | | | 100% of fair market value, up to any applicable statutory limit | |
| Child Support: Support arrears owed | \$5,337.00 | | 100% | Wis. Stat. § 815.18(3)(c) |
| by Marquese Callahan Line from <i>Schedule A/B</i> : 29.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Child Support: Support arrears owed | \$33,306.02 | | 100% | Wis. Stat. § 815.18(3)(c) |
| by Anthony Saucedo Line from <i>Schedule A/B</i> : 29.2 | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

| Depto | or 1 <u>Je</u> | anette M. Montes de Oca | Case number (if known) | |
|-------|----------------|--|----------------------------------|--|
| | • | claiming a homestead exemption of more than \$189,050? to adjustment on 4/01/25 and every 3 years after that for cases filed on or | r after the date of adjustment.) | |
| | No | | | |
| [| ☐ Yes | . Did you acquire the property covered by the exemption within 1,215 day | s before you filed this case? | |
| | | No | | |
| | | Yes | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

| Fill in this | s information | n to identify you | r case: | | | | |
|-----------------------------|--|--------------------------------------|---|-----------------------------|---|--|-----------------------------------|
| Debtor 1 | Je | eanette M. Mor | ntes de Oca | | | | |
| | | st Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, fil | ling) Firs | st Name | Middle Name | Last Name | | | |
| United Sta | ates Bankrup | tcy Court for the: | EASTERN DISTRICT OF WIS | CONSIN | | | |
| Case num | nber | | | | | _ | t if this is an |
| Official | Form 10 | 16D | | | | | |
| Sched | dule D: | Creditors | Who Have Claims | Secured | by Property | У | 12/15 |
| | copy the Addit | | f two married people are filing togeth out, number the entries, and attach it | | | | |
| 1. Do any c | reditors have | claims secured by | your property? | | | | |
| ☐ No | . Check this I | oox and submit th | nis form to the court with your other | schedules. You | u have nothing else to | report on this form. | |
| ■ Ye | s. Fill in all of | the information b | pelow. | | | | |
| Part 1: | List All Sec | ured Claims | | | | | |
| for each cla | aim. If more that | an one creditor has | nore than one secured claim, list the cre a particular claim, list the other creditor cal order according to the creditor's name | s in Part 2. As | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Edu | icators Cre | dit Union | Describe the property that secures | the claim: | \$107,827.00 | \$162,656.00 | \$0.00 |
| Attr Po I Rac | n: Bankrup Box 081040 iine, WI 534 |) 108 | 6503 21st Ave Kenosha, WI Kenosha County Per the 2023 City of Kenosh Property Tax Bill, the Fair M Value of the property is \$17 Reducing by 8% cost of sale (\$14,144) yields \$162,656. As of the date you file, the claim is: apply. | aa larket 6,800. e | | | |
| Numb | per, Street, City, S | state & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes | s the debt? C | heck one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor | = | | An agreement you made (such as car loan) | mortgage or secu | ıred | | |
| ☐ Debtor | 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| ☐ Check i | one of the deb if this claim re unity debt | otors and another | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | Mortgage | | | |
| Date debt | was incurred | Opened 12/19 Last Active 05/23 | Last 4 digits of account num | ber 1219 | | | |
| | | | | | | | |
| Add the | dollar value of | f your entries in Co | olumn A on this page. Write that num | ber here: | \$107,82 | 7.00 | |
| | the last page of | | the dollar value totals from all pages. | | \$107,82 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

| Debto | r 1 Jeanette M. | Montes de Oca | | Case number (if known) |
|-------|--|---------------|-----------|--|
| | First Name | Middle Name | Last Name | |
| [] | Name, Number, Str Atty. W. Richa 1326 Willow Ro Mt. Pleasant, V | d . | | On which line in Part 1 did you enter the creditor? |
| [] | Name, Number, Stre Educators Cre 1400 N Newma Racine, WI 534 | ın Rd | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill | in this inform | nation to identify your ca | ase: | | | | | | |
|--------|---|---|---|--|-------------------|---------------------------|-----------------|-----------|--------------------|
| Deb | tor 1 | Jeanette M. Monte | s de Oca | | | | | | |
| | | First Name | Middle Name | Last | Name | | | | |
| | otor 2 | | | | | | | | |
| (Spot | use if, filing) | First Name | Middle Name | Last | Name | | | | |
| Unit | ed States Bar | nkruptcy Court for the: | EASTERN DIST | RICT OF WISCONS | SIN | | | | |
| Cas | e number | | | | | | | | |
| (if kn | own) | | | | | | | Check | if this is an |
| | | | | | | | | amend | ed filing |
| ∩ff | icial Form | 106E/E | | | | | | | |
| | | /F: Creditors WI | oo Hayo Un | socured Cla | ime | | | | 12/15 |
| | | accurate as possible. Use | | | | | | | |
| name | and case num | tinuation Page to this page nber (if known). | - | ormation to report in | a Part, do not t | file that Part. On the to | op of any ad | lditional | pages, write your |
| | | of Your PRIORITY Uns | | | | | | | |
| | | rs have priority unsecured | claims against you | 1? | | | | | |
| | No. Go to Pa | art 2. | | | | | | | |
| | Yes. | | | | | | | | |
| | identify what typ possible, list the | priority unsecured claims. the of claim it is. If a claim has the claims in alphabetical order than one creditor holds a part | both priority and no according to the cre | npriority amounts, list editor's name. If you ha | that claim here a | and show both priority a | nd nonpriorit | y amount | ts. As much as |
| | | tion of each type of claim, se | | | | | | | |
| | | , | | | , | Total claim | Priority amount | | Nonpriority amount |
| 2.1 | | Revenue Service | Last 4 d | digits of account num | nber | \$0.00 | | \$0.00 | \$0.00 |
| | Priority Cre | editor's Name | When | vas the debt incurred | 12 | | | | |
| | | 7346 phia, PA 19101-7346 | when | vas trie debt ilicurret | | | - | | |
| | | reet City State Zip Code | As of th | ne date you file, the o | laim is: Check a | all that apply | | | |
| | Who incurred | I the debt? Check one. | ☐ Con | tingent | | | | | |
| | Debtor 1 or | nly | ☐ Unlie | quidated | | | | | |
| | Debtor 2 or | nly | ☐ Disp | outed | | | | | |
| | Debtor 1 a | nd Debtor 2 only | Type of | FPRIORITY unsecure | d claim: | | | | |
| | ☐ At least one | e of the debtors and another | ☐ Dom | nestic support obligation | ons | | | | |
| | ☐ Check if th | nis claim is for a communi | ty debt Taxe | es and certain other de | ebts you owe the | government | | | |
| | | ubject to offset? | | ms for death or persor | , | • | | | |
| | No | | | er. Specify | · | | | | |
| | ☐ Yes | | | Income | e tax | | | | |

| | Case number (if | , <u> </u> | | |
|--|--|--|--|---------------------------|
| WI Department of Revenue | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.0 |
| Priority Creditor's Name Special Procedures Unit PO Box 8902 Madison, WI 53708 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that app | ıly | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | |
| Debtor 1 only | ☐ Unliquidated | | | |
| Debtor 2 only | ☐ Disputed | | | |
| ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the governme | ent | | |
| Is the claim subject to offset? | ☐ Claims for death or personal injury while you were into | | | |
| ■ No | Other. Specify | | | |
| Yes | | | | |
| Do any creditors have nonpriority unsecured clai □ No. You have nothing to report in this part. Subm ■ Yes. | ms against you? it this form to the court with your other schedules. | m. If a creditor has n | nore than one nonor | oritv |
| B. Do any creditors have nonpriority unsecured clai □ No. You have nothing to report in this part. Subm ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each | ms against you? | Do not list claims alre | eady included in Part out the Continuation | t 1. If more n Page of |
| B. Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the oth Part 2. | it this form to the court with your other schedules. The alphabetical order of the creditor who holds each claim claim. For each claim listed, identify what type of claim it is. Ear creditors in Part 3.If you have more than three nonpriority to | Do not list claims alre | eady included in Part | t 1. If more n Page of |
| Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the oth Part 2. Amazon Nonpriority Creditor's Name 410 Terry Ave N | ms against you? it this form to the court with your other schedules. ne alphabetical order of the creditor who holds each clair claim. For each claim listed, identify what type of claim it is. I | Do not list claims alre | eady included in Part out the Continuation | t 1. If more n Page of |
| Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the oth Part 2. Amazon Nonpriority Creditor's Name | it this form to the court with your other schedules. The alphabetical order of the creditor who holds each clair claim. For each claim listed, identify what type of claim it is. It is creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 4 digits of account number | Do not list claims alre unsecured claims fill | eady included in Part out the Continuation | t 1. If more n Page of |
| Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the oth Part 2. Amazon Nonpriority Creditor's Name 410 Terry Ave N Seattle, WA 98109 Number Street City State Zip Code | it this form to the court with your other schedules. ie alphabetical order of the creditor who holds each clair claim. For each claim listed, identify what type of claim it is. It is creditors in Part 3.If you have more than three nonpriority to Last 4 digits of account number When was the debt incurred? | Do not list claims alre unsecured claims fill | eady included in Part out the Continuation | t 1. If more n Page of |
| Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the oth Part 2. Amazon Nonpriority Creditor's Name 410 Terry Ave N Seattle, WA 98109 Number Street City State Zip Code Who incurred the debt? Check one. | it this form to the court with your other schedules. The alphabetical order of the creditor who holds each claim claim. For each claim listed, identify what type of claim it is. For creditors in Part 3.lf you have more than three nonpriority to the Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that a | Do not list claims alre unsecured claims fill | eady included in Part out the Continuation | t 1. If more n Page of |
| Amazon Nonpriority Creditor's Name 410 Terry Ave N Seattle, WA 98109 Number Street City State Zip Code Who incurred the debt? Check one. | it this form to the court with your other schedules. it this form to the court with your other schedules. it alphabetical order of the creditor who holds each clair claim. For each claim listed, identify what type of claim it is. It is creditors in Part 3.If you have more than three nonpriority to Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that a Contingent | Do not list claims alre unsecured claims fill | eady included in Part out the Continuation | t 1. If more n Page of |
| Amazon Non You have nothing to report in this part. Submeter than one creditor holds a particular claim, list the oth Part 2. Amazon Nonpriority Creditor's Name 410 Terry Ave N Seattle, WA 98109 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only | it this form to the court with your other schedules. In alphabetical order of the creditor who holds each claim claim. For each claim listed, identify what type of claim it is. Deer creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the claim was the debt incurred? As of the date you file, the claim is: Check all that a contingent Unliquidated Disputed Disputed Type of NONPRIORITY unsecured claim: | Do not list claims alre unsecured claims fill | eady included in Part out the Continuation | t 1. If more n Page of |
| Amazon Non You have nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the oth Part 2. Amazon Nonpriority Creditor's Name 410 Terry Ave N Seattle, WA 98109 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community | it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it alphabetical order of the creditor who holds each clair is. Claim. It call that the creditor who holds each claim is is. Claim it is. It creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more than three nonpriority to the creditors in Part 4.If you have more tha | Do not list claims alre unsecured claims fill | eady included in Pari out the Continuation Total clair | t 1. If more n Page of |
| Amazon Non You have nothing to report in this part. Submeter than one creditor holds a particular claim, list the other than one creditor holds a particular claim, list the creditor should be particular claim, list the creditor holds a particular claim, list the creditor holds | it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it alphabetical order of the creditor who holds each clair is. Claim. It can take the claim is the claim is the comprise of the court of the court of the court of the claim is the claim i | Do not list claims alre unsecured claims fill | eady included in Pari out the Continuation Total clair | t 1. If more n Page of |
| B. Do any creditors have nonpriority unsecured claims. No. You have nothing to report in this part. Submary Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the oth Part 2. Amazon Nonpriority Creditor's Name 410 Terry Ave N Seattle, WA 98109 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it alphabetical order of the creditor who holds each clair its. It is claim. It can be a creditor in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 3.If you have more than three nonpriority to the creditors in Part 4. If the creditor is creditors in Part 4. If the creditor is creditors in Part 4. If the creditor is creditors in Part 4. If the creditor who holds each claim is creditors in Part 4. If the creditors in Part 4. If the creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is creditors is creditors in Part 4. If the creditors is cre | Do not list claims alreunsecured claims fill apply or divorce that you co | eady included in Pari out the Continuation Total clair | t 1. If more n Page of |
| 3. Do any creditors have nonpriority unsecured clai \[\begin{align*} \text{No. You have nothing to report in this part. Submitter \text{Yes.} 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the oth Part 2. 4.1 Amazon Nonpriority Creditor's Name 410 Terry Ave N Seattle, WA 98109 Number Street City State Zip Code Who incurred the debt? Check one. \[\begin{align*} Debtor 1 only \text{Debtor 2 only} \text{Debtor 2 only} \text{Debtor 1 and Debtor 2 only} \text{At least one of the debtors and another} \text{Check if this claim is for a community debt} \] | it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it this form to the court with your other schedules. it alphabetical order of the creditor who holds each clair is. Claim. It can take the claim is the claim is the comprise of the court of the court of the court of the claim is the claim i | Do not list claims alreunsecured claims fill apply or divorce that you cor similar debts | eady included in Pari out the Continuation Total clair | t 1. If more n Page of |

| Jeanette M. Montes de Oca | Case number (if known) | | | | | | |
|--|--|---|------------|--|--|--|--|
| Anthem Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 | | | | |
| PO Box 105170 | When was the debt incurred? | | | | | | |
| Atlanta, GA 30348 | | | | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| lebt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | | |
| ■ No ☑ Yes | <u> </u> | ig plans, and other similar debts | | | | | |
| | | | | | | | |
| Citi Card/Best Buy | Last 4 digits of account number | 2231 | \$1,662.00 | | | | |
| Attn: Citicorp Cr Srvs Centralized Bankr | When was the debt incurred? | Opened 12/20 Last Active 11/07/23 | | | | | |
| Po Box 790040 St Louis, MO 36179 | | | | | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| Who incurred the debt? Check one. | | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| Check if this claim is for a community | Student loans | | | | | | |
| lebt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | | |
| Yes | ■ Other Specify Credit Card | | | | | | |
| Educatora Cradit Union | Look A digito of account growther | 0002 | \$2,396.00 | | | | |
| Educators Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | | φ∠,390.00 | | | | |
| Attn: Bankruptcy Po Box 081040 | When was the debt incurred? | Opened 05/18 Last Active 11/23 | | | | | |
| Racine, WI 53408 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| Who incurred the debt? Check one. | • • | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| Check if this claim is for a community | Student loans | | | | | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| ☐ Yes | Other. Specify Credit Card | 4 | | | | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Jeanette M. Montes de Oca | | Case number (if known) | |
|--|--|---|------------|
| Hyundai Motor Finance Nonpriority Creditor's Name | Last 4 digits of account number | 2847 | \$1,712.00 |
| Attn: Bankruptcy Po Box 20829 Fountain Valley, CA 92728 | When was the debt incurred? | Opened 03/21 Last Active 10/31/23 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | Other. Specify Lease | | |
| Illinois Tollway Nonpriority Creditor's Name | Last 4 digits of account number | | \$42.30 |
| PO Box 5544 | When was the debt incurred? | | |
| Chicago, IL 60680-5544 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | 70 of the date you me, the stann | oneok all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| \square Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| ■ No | | ng piano, and onto ontina dobto | |
| | | | |
| Kenosha YMCA Nonpriority Creditor's Name | Last 4 digits of account number | | \$136.00 |
| 7101 53rd St. | When was the debt incurred? | | |
| Kenosha, WI 53144 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , , , , , | Shook all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |

| Jeanette M. Montes de Oca | Case number (if known) | |
|---|---|------------|
| Midland Credit Management Jonpriority Creditor's Name | Last 4 digits of account number 9495 | \$2,500.00 |
| 850 Camino De La Reina Suite 100 San Diego, CA 92108 | When was the debt incurred? | |
| lumber Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify | |
| MRS BPO, LLC | Last 4 digits of account number 5094 | \$263.56 |
| Ionpriority Creditor's Name 1930 Olney Avenue Cherry Hill, NJ 08003 | When was the debt incurred? | |
| lumber Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Vho incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| $\operatorname{\beth}$ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| ebt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Sequium Asset Solutions, LLC | Last 4 digits of account number 9241 | \$135.60 |
| lonpriority Creditor's Name 130 Northchase Parkway, Ste. 150 Marietta, GA 30067 | When was the debt incurred? | |
| Jumber Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| lebt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ⊒ Yes | ■ Other. Specify | |

| Jeanette M. Montes de Oca | | | |
|---|---|--|-----------|
| Synchrony Bank/Amazon | Last 4 digits of account number | 7006 | \$992.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 09/20 Last Active 11/23 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| s the claim subject to onset? | Debts to pension or profit-sharin | a plane, and other similar debts | |
| □ Yes | ■ Other. Specify Charge Acc | | |
| | · · · · · | | |
| Synchrony Bank/TJX | Last 4 digits of account number | 8006 | \$2,336.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 06/20 Last Active 9/19/22 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | | |
| The CBE Group, Inc. | Land Ballanda and an all and a | | \$186.8 |
| Nonpriority Creditor's Name 1309 Technology Parkway | Last 4 digits of account number When was the debt incurred? | | Ψ100.0 |
| Cedar Falls, IA 50613 | _ | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | l alaim. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | ı cıaım: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| <u>-</u> | Debts to pension or profit-sharin | n plans, and other similar debts | |
| No | Debis to pension of profit-shalling | g plans, and other similar debts | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Jeanette M. Montes de Oca | Case number (if known) | |
|---|--|-----------|
| Fremper High | Last 4 digits of account number | \$1,000.0 |
| Nonpriority Creditor's Name 8560 26th ave. | When was the debt incurred? | |
| Kenosha, WI 53143 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No □ Yes | Other. Specify | |
| | | |
| JWC Ionpriority Creditor's Name | Last 4 digits of account number | \$463.6 |
| PO Box 953638 Lake Mary, FL 32795 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Vho incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community lebt | Student loans | |
| s the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| /iolation Enforcement Services | Last 4 digits of account number 3839 | \$82.7 |
| Nonpriority Creditor's Name P.O. Box 1212 Horseheads, NY 14845-1200 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Vho incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| lebt s the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ⊒ Yes | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

^{6.} Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----|---|--|--|---|
| 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| 6h | Taxes and cortain other debts you own the government | 6h | ¢ | 0.00 |
| | • • | | · · · — — | 0.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total Claim |
| 6f. | Student loans | 6f. | \$ | 0.00 |
| 6a | Obligations arising out of a separation agreement or divorce that | | | |
| og. | | 6g. | \$ | 0.00 |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 14,608.64 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 14,608.64 |
| | 6b. 6c. 6d. 6e. 6f. 6g. 6h. 6i. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. | 6a. Domestic support obligations 6a. \$ 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 6c. \$ 6d. \$ |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|---------------------|
| Debtor 1 | Jeanette M. Mont | es de Oca | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F WISCONSIN | |
| Case number | | | | |
| (if known) | | _ | | Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Hyundai Motor Finance
Attn: Bankruptcy
P.O. Box 20829
Fountain Valley, CA 92728

State what the contract or lease is for
Debtor rejects any remaining term on her 36 month lease of 2021 Palisade. Debtor has returned this vehicle to Hyundai.

| Fill in this i | nformation to identify your | case: | | | |
|---|--|--|---|--|---|
| Debtor 1 | Jeanette M. Mont | | | | |
| Debiori | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | First Name | Middle Name | Last Name | | |
| | es Bankruptcy Court for the: | EASTERN DISTRICT OF V | | | |
| | | LAGIERIA DIGITATO I V | VICCONSIN | | |
| Case number (if known) | er | | | | ☐ Check if this is an |
| | | | | 1 | amended filing |
| Official | Form 106H | | | | |
| | ıle H: Your Cod | ahtars | | | 12/15 |
| Scried | die II. Tour Cou | CDIOI 3 | | | 12/15 |
| 1. Do your name at 1. Do your name at 1. Do you | ou have any codebtors? (If you have any codebtors?) (If you have any codebtors | . Answer every question. | not list either spouse erty state or territor o Rico, Texas, Wash | r y? (Community property states | |
| | No | | | | |
| | ■ No] Yes. | | | | |
| | | | | | |
| | In which community state | e or territory did you live? | -NONE- | . Fill in the name and curre | nt address of that person. |
| | Name of your spouse, former spo | | | | |
| in line 2 Form 1 out Col | 2 again as a codebtor only i 06D), Schedule E/F (Official | ors. Do not include your sp f that person is a guarantor Form 106E/F), or Schedule | or cosigner. Make | Check all schedules that a | itor on Schedule D (Official ile E/F, or Schedule G to fill whom you owe the debt |
| 3.1 N | ame | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line ☐ Schedule G, line | |
| N | umber Street | | | _ | |
| | ity | State | ZIP Code | | |
| | | | | _ | |
| 3.2 N | ame | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line ☐ Schedule G, line | |
| N | umber Street | | | _ | |
| С | ity | State | ZIP Code | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill | in this information to identify your c | ase: | | | | | | | | |
|--------------------|--|------------------------------|---|---------------------|----------------|---------------------|-------------------------|--------------------------|--------------------------------|-----------------|
| De | btor 1 Jeanette M. | Montes de Oca | | | | | | | | |
| | btor 2 puse, if filing) | | | | _ | | | | | |
| Un | ited States Bankruptcy Court for the | : EASTERN DISTRICT | OF WISCONSIN | | | | | | | |
| (If k | se number | | - | | | | | ed filing ent showin | ng postpetition ollowing date: | chapter |
| | fficial Form 106I | | | | | Ī | /IM / DD/ Y | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as possiplying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment | are married and not filing w | ng jointly, and your ith you, do not inclu | spouse ide infor | is liv mati | ing with on abou | you, incl t your spo | ude inform ouse. If m | mation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | iling spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | | ☐ Employed | | | |
| | attach a separate page with information about additional employers. | . , | ☐ Not employed | | | | ☐ Not employed | | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | Kenall Manufac | cturing | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 10200 55th St. Kenosha, WI 53 | 3144 | | | | | | |
| | | How long employed t | here? Started | d 2/20/2 | 4 | | _ | | | |
| Pa | rt 2: Give Details About Mor | nthly Income | | | | | | | | |
| | imate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | report for | any | line, write | e \$0 in the | space. In | clude your nor | n-filing |
| | ou or your non-filing spouse have more space, attach a separate sheet to | | ombine the information | on for all | empl | oyers for | that perso | on on the li | nes below. If y | you need |
| | | | | | | For De | btor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 3 | ,640.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 3,6 | 40.00 | \$ | N/A | |

Official Form 106I Case 24-21314-kmp Doc 1 Filed 03/19/24 Page 32 of 58

| | | | | For | Debtor 1 | For Debtor | |
|-----|---|---------------------------|--------------------|-------------------|-----------------------------------|------------------------|--------------------------|
| | Copy line 4 here | | 4. | \$ | 3,640.00 | \$ | N/A |
| 5. | List all payroll deductions: | | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | | 5a. | \$ | 741.00 | \$ | N/A |
| | 5b. Mandatory contributions for retirement plans | | 5b. | \$ | 0.00 | \$ | N/A |
| | 5c. Voluntary contributions for retirement plans | | 5c. | \$ | 0.00 | \$ | N/A |
| | 5d. Required repayments of retirement fund loans | | 5d. | \$ | 0.00 | \$ | N/A |
| | 5e. Insurance | | 5e. | \$ | 45.15 | \$ | N/A |
| | 5f. Domestic support obligations | | 5f. | \$ | 0.00 | \$ | N/A |
| | 5g. Union dues | | 5g. | \$ | 0.00 | \$ | N/A |
| | 5h. Other deductions. Specify: | | _ 5h.+ | \$_ | 0.00 + | - \$ | N/A |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e- | · · | 6. | \$ | 786.15 | \$ | N/A |
| 7. | Calculate total monthly take-home pay. Subtract line 6 fr | rom line 4. | 7. | \$ | 2,853.85 | \$ | N/A |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operati profession, or farm Attach a statement for each property and business sh receipts, ordinary and necessary business expenses, monthly net income. | nowing gross | 8a. | \$ | 0.00 | \$ | N/A |
| | 8b. Interest and dividends | auca ar a danandant | 8b. | \$ | 0.00 | \$ | N/A |
| | 8c. Family support payments that you, a non-filing spregularly receive Include alimony, spousal support, child support, main settlement, and property settlement. | | 8c. | \$ | 404.34 | \$ | N/A |
| | 8d. Unemployment compensation | | 8d. | \$_ | 0.00 | \$ | N/A |
| | 8e. Social Security | ! | 8e. | \$_ | 0.00 | \$ | N/A |
| | 8f. Other government assistance that you regularly relactive cash assistance and the value (if known) of a that you receive, such as food stamps (benefits unde Nutrition Assistance Program) or housing subsidies. Specify: FoodShare 8g. Pension or retirement income 8h. Other monthly income. Specify: Tax refund W2 income | ny non-cash assistance | 8f. 8g. 8h.+ | \$_ \$_ \$_ | 452.00 0.00 600.00 50.00 | \$\$ \$ \$ | N/A N/A N/A N/A |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g- | +8h. | 9. | \$ | 1,506.34 | \$ | N/A |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-f | | 0. \$_ | | 4,360.19 + \$_ | N/A | = \$ 4,360.19 |
| 11. | State all other regular contributions to the expenses that Include contributions from an unmarried partner, members of other friends or relatives. Do not include any amounts already included in lines 2-10 of Specify: | of your household, your o | depend | | | ed in <i>Schedul</i> e | e J. +\$0.00 |
| 12. | Add the amount in the last column of line 10 to the amo Write that amount on the <i>Summary of Schedules</i> and <i>Statis</i> applies | | | | | | \$ 4,360.19 |
| 13. | Do you expect an increase or decrease within the year | after you file this form? | , | | | | Combined monthly income |
| | No. | , | | | | | |
| | Yes. Explain: Based on Debtor's new job, s Foodshare of \$452/mo expect | | | | | | er. |

Page 33 of 58

| - 80 | in this informs | tion to identify yo | our agge: | | | 1 | | | |
|-------------------|--|---|--|--|---|---------------------------|----------------------------------|--|----------|
| | in this informa | tion to identify yo | our case. | | | | | | |
| Deb | otor 1 | Jeanette M. I | Montes d | le Oca | | | eck if this is: | filio o | |
| Deb | otor 2 | | | | | | An amended A supplemen | Tiling It showing postpetition ch | apter |
| 1 | ouse, if filing) | | | | | | | as of the following date: | артог |
| Unit | ed States Bankr | uptcy Court for the | : EASTE | RN DISTRICT OF WISCO | DNSIN | | MM / DD / YY | /YY | |
| Cas | e number | | | | | | | | |
| (If k | nown) | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | | 12/1 |
| Be info nur | as complete a ormation. If m mber (if know | and accurate as ore space is ne n). Answer ever | s possible. eded, atta ry question | If two married people a ch another sheet to this | re filing together, be form. On the top of | oth are eq f any addit | ually responsi ional pages, v | ble for supplying correctivite your name and cas | ct se |
| Par 1. | t 1: Descr Is this a join | ibe Your House at case? | hold | | | | | | |
| •• | No. Go to | | | | | | | | |
| | | | in a separ | ate household? | | | | | |
| | No | | | | | | | | |
| | = | ~ | st file Offici | al Form 106J-2, Expense | s for Separate House | ehold of De | btor 2. | | |
| 0 | | | _ | , , | | | | | |
| 2. | • | e dependents? | ☐ No | | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relating Debtor 1 or Debtor | | Dependen age | nt's Does dependent live with you? | t |
| | Do not state | the | | | | | | □ No | |
| | dependents | names. | | | Son | | 7 | Yes | |
| | | | | | | | | □ No | |
| | | | | | Daughter | | 12 | Yes | |
| | | | | | Davahtan | | 46 | □ No | |
| | | | | | Daughter | | 16 | Yes | |
| | | | | | | | | □ No □ Yes | |
| 3. | Do vour exp | enses include | _ | NI. | | | | L Yes | |
| 0. | expenses of | f people other to d your depende | ^{han} □ | No Yes | | | | | |
| Par | t 2: Estim | ate Your Ongoi | ng Month | y Expenses | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a sup | | | | | |
| | | | | government assistance | | | | | |
| | value of such ficial Form 10 | | d have inc | cluded it on Schedule I: | Your Income | | You | ır expenses | |
| 4. | | or home owners and any rent for the | | ses for your residence. r lot. | Include first mortgage | e 4. | \$ | 899.34 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | |
| | 4b. Prope | rty, homeowner's | s, or renter | 's insurance | | 4b. | \$ | 106.75 | |
| | | | • | ipkeep expenses | | 4c. | | 200.00 | |
| 5. | | owner's associat | | dominium dues o ur residence, such as ho | ome equity loops | 4d. 5. | | 0.00 | |
| J. | Additional | ugage payille | 101 yc | on recidence, such as ill | mic equity loans | ٥. | Ψ | U.UU | |

Official Form 106J Schedule J: Your Expenses

page 1

Official Form 106J Schedule J: Your Expenses

page 2

| Fill to the total and the total and the control of | | | |
|---|---------------------------|--|---|
| Fill in this information to identify your | case: | | |
| Debtor 1 Jeanette M. Mont | tes de Oca Middle Name | Last Name | _ |
| Debtor 2 | Middle Name | Last Name | |
| (Spouse if, filing) First Name | Middle Name | Last Name | _ |
| United States Bankruptcy Court for the: | EASTERN DISTRICT | OF WISCONSIN | _ |
| Case number | | | |
| (if known) | | | ☐ Check if this is an amended filing |
| | | | |
| Official Form 106Dec | | | |
| Declaration About a | an Individua | I Debtor's Schedules | 12/15 |
| years, or both. 18 U.S.C. §§ 152, 1341, | 1313, and 3371. | | |
| Did you pay or agree to pay some | eone who is NOT an att | orney to help you fill out bankruptcy form | ns? |
| ■ No | | | |
| Yes. Name of person | | | n Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119) |
| | | | · · · · · · · · · · · · · · · · · · · |
| Under penalty of perjury, I declare that they are true and correct. | that I have read the su | mmary and schedules filed with this decl | aration and |
| X /s/ Jeanette M. Montes de | Oca | X | |
| Jeanette M. Montes de Oca Signature of Debtor 1 | | | |
| Olgitature of Debtor 1 | | Signature of Debtor 2 | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

| Fill | in this inform | nation to identify you | case: | | | |
|--------|---------------------------|----------------------------|--------------------------------|--|---------------------------------|---------------------|
| Deb | tor 1 | Jeanette M. Mon | tes de Oca | | | |
| D-1- | 40 | First Name | Middle Name | Last Name | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF | WISCONSIN | | |
| 0 | | | | | | |
| (if kn | e number own) | | | | | check if this is an |
| | | | | | a | mended filing |
| | | | | | | |
| Of | ficial Fo | rm 107 | | | | |
| Sta | atement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 04/22 |
| | | | | | equally responsible for sup | plying correct |
| infor | mation. If m | ore space is needed, | attach a separate sheet to | | additional pages, write you | |
| num | ber (if knowr | n). Answer every ques | stion. | | | |
| Par | Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | ☐ Married | | | | | |
| | ■ Not mar | ried | | | | |
| _ | | | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | No | | | | | |
| | ☐ Yes. Lis | t all of the places you li | ved in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1: | | Dates Debtor 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| | | | lived there | | | lived there |
| | | | | | ity property state or territory | |
| state | s and territori | es include Arizona, Ca | lifornia, Idano, Louisiana, Ne | vada, New Mexico, Puerto Ri | co, Texas, Washington and W | /isconsin.) |
| | No | | | | | |
| | ☐ Yes. Ma | ke sure you fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | 2 Explai | n the Sources of You | r Income | | | |
| | | | | | | |
| | | | | g a business during this yeall businesses, including part- | ear or the two previous cale | ndar years? |
| | | • | • | e together, list it only once ur | | |
| | □ No | | | | | |
| | | in the details. | | | | |
| | | | | | | |
| | | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and | Check all that apply. | (before deductions |
| | | | | exclusions) | | and exclusions) |
| | | of current year until | ■ Wages, commissions, | \$2,296.75 | ☐ Wages, commissions, | |
| uie | uate you file | d for bankruptcy: | bonuses, tips | | bonuses, tips | |
| | | | Operating a business | | Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 1

| efore that: r 31, 2022) other income dless of wheth efit payments; | Debtor 1 Sources of income Check all that apply. Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business | Gross income (before deductions and exclusions) \$12,590.00 | Debtor 2 Sources of income Check all that apply. Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips | Gross income (before deductions and exclusions) |
|--|--|--|--|--|
| efore that: r 31, 2022) r other income | Check all that apply. Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips | (before deductions and exclusions) \$12,590.00 | Check all that apply. Wages, commissions, bonuses, tips Operating a business Wages, commissions, | (before deductions |
| efore that: r 31, 2022) r other income | ■ Operating a business Wages, commissions, bonuses, tips | · | bonuses, tips ☐ Operating a business ☐ Wages, commissions, | |
| other income | ■ Wages, commissions, bonuses, tips | \$20,474.00 | ☐ Wages, commissions, | |
| other income | bonuses, tips | \$20,474.00 | | |
| dless of wheth | Operating a business | | | |
| dless of wheth | | | ☐ Operating a business | |
| Č | ome from each source separa | tely. Do not include income th | at you listed in line 4. | |
| | Dalifand | | Dalutar 0 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | W2 benefits | \$150.00 | | |
| | Child Support | \$1,040.00 | | |
| | Food Stamps | \$1,500.00 | | |
| r 31, 2023) | Child Support | \$4,170.84 | | |
| | Food Stamps | \$1,500.00 | | |
| | Unemployment | \$5,335.00 | | |
| | the gross incode tails. ent year until ankruptcy: | Debtor 1 Sources of income Describe below. W2 benefits ankruptcy: Child Support Food Stamps Child Support Food Stamps Unemployment | Debtor 1 Sources of income Describe below. W2 benefits Child Support Child Support Food Stamps Child Support Child Support Child Support Child Support Child Support Surce (before deductions and exclusions) \$1,040.00 \$4,170.84 Food Stamps \$1,500.00 | Debtor 1 Sources of income Describe below. Child Support Food Stamps Child Support Child Support Child Support Child Support Suppor |

not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

| Debtor 1 Jeanette M. Montes de Oca | | Case number (if known) | | | | |
|---|---|--|---|-------------------------|----------------------------------|---|
| | | | | | | |
| | Yes. Debtor 1 or Debtor 2 or both ha During the 90 days before you file | | | al of \$600 or more | ? | |
| | ■ No. Go to line 7. | | | | | |
| | | or to whom you paid a tota domestic support obligatio ruptcy case. | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony. No Yes. List all payments to an insider. | artners; relatives of any ge a control, or owner of 20% | neral partners; partners or more of their votin | erships of which you | ou are a genera ny managing a | al partner; corporations gent, including one for |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider Insider's Name and Address Identify Legal Actions, Repossession | signed by an insider. Dates of payment | Total amount paid | Amount you still owe | | this payment |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| | Educators Credit Union v. Jeanette M. Montes de Oca 2023CV000929 | Foreclosure | Kenosha Cour Court | nty Circuit | ■ Pending □ On appe □ Conclud | al |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below | | perty repossessed, 1 | foreclosed, garnis | shed, attached | I, seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | • | Date | | Value of the |
| | | Explain what happene | ed | | | property |

| Debtor 1 | Jeanette M. Montes de Oca | Case number | (if known) | | | | | |
|------------------|---|--|--|---------------------------|--|--|--|--|
| | | | | | | | | |
| | nin 90 days before you filed for bankru ounts or refuse to make a payment be | ptcy, did any creditor, including a bank or financial in cause you owed a debt? | stitution, set off any a | mounts from your | | | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| Cre | ditor Name and Address | Describe the action the creditor took | Date action was taken | Amount | | | | |
| | nin 1 year before you filed for bankrup rt-appointed receiver, a custodian, or | tcy, was any of your property in the possession of an another official? | assignee for the bene | fit of creditors, a | | | | |
| | No Yes | | | | | | | |
| Part 5: | List Certain Gifts and Contributions | | | | | | | |
| 13. With | No | ptcy, did you give any gifts with a total value of more t | han \$600 per person? | • | | | | |
| | Yes. Fill in the details for each gift. ts with a total value of more than \$600 person | Describe the gifts | Dates you gave the gifts | Value | | | | |
| | son to Whom You Gave the Gift and | | - | | | | | |
| | No | ptcy, did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? | | | | |
| ш | Yes. Fill in the details for each gift or contribution. | | | | | | | |
| mo Cha | ts or contributions to charities that to re than \$600 arity's Name dress (Number, Street, City, State and ZIP Code) | tal Describe what you contributed | Dates you contributed | Value | | | | |
| Part 6: | List Certain Losses | | | | | | | |
| | nin 1 year before you filed for bankrup ambling? | tcy or since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster | | | | |
| | No Yes. Fill in the details. | | | | | | | |
| | v the loss occurred | Describe any insurance coverage for the loss nclude the amount that insurance has paid. List pending nsurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | |
| Part 7: | _ | | | | | | | |
| | <u> </u> | toy did you or anyone also seting on your hehalf nov | or transfer any proper | ty to anyone you | | | | |
| cons | sulted about seeking bankruptcy or p | tcy, did you or anyone else acting on your behalf pay reparing a bankruptcy petition? eparers, or credit counseling agencies for services require | | ty to anyone you | | | | |
| | No Yes. Fill in the details. | | | | | | | |
| Por | son Who Was Paid | Description and value of any property | Date payment | Amount of | | | | |
| Add | all or website address son Who Made the Payment, if Not Yo | transferred | or transfer was | payment | | | | |
| ES 118 Mil | SERLAW LLC 805 W. Hampton Avenue waukee, WI 53225 ncyl @esserlaw.com | Attorney Fees \$500; Credit report \$37; Title request \$25 | 11/29/23 - \$200 12/14/23 - \$362 | \$562.00 | | | | |

Official Form 107

| 17. | . Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | |
|-----|---|---|---|---------------------------------|---|---|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | Description and va transferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment | | | |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already li No Yes. Fill in the details. | iness or financial affai e as security (such as th | irs? | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | | property transferred pa | | any property or received or debts change | Date transfer was made | | | |
| | Hyundai Motor Finance Attn: Bankruptcy Po Box 20829 Fountain Valley, CA 92728 | 2021 Palisade returned to N/A lessor | | N/A | | March 2024 | | | |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No Yes. Fill in the details. | ction devices.) | | | | of which you are a Date Transfer was | | | |
| | Name of trust | Description and va | Description and value of the property transferred D | | | | | | |
| | Within 1 year before you filed for bankruptcy, visold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No Yes. Fill in the details. | were any financial acc | counts or instru | ments held ir of deposit; sh | | | | | |
| | | ast 4 digits of ccount number | Type of accour instrument | clo | te account was osed, sold, oved, or nsferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for | bankruptcy, any | v safe deposi | t box or other depos | sitory for securities, | | | |
| | No No | | | | | | | | |
| | ☐ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? | | | |
| | | , | | | | | | | |

| | ■ No □ Yes. Fill in the details. | | | | | | | |
|--|--|---|--|-----------------------|--|--|--|--|
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | |
| Par | 19: Identify Property You Hold or Control for | r Someone Else | | | | | | |
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or for someone. | | | | | | | | |
| | □ No ■ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| | Hyundai Motor Finance Attn: Bankruptcy Po Box 20829 Fountain Valley, CA 92728 | 6503 21st Avenue Kenosha, WI 53143 | Leased 2021 Hyundai Palisade | \$0.00 | | | | |
| Par | t 10: Give Details About Environmental Inform | nation | | | | | | |
| For | the purpose of Part 10, the following definition | s apply: | | | | | | |
| | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these si | air, land, soil, surface water, groun | | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | - | law, whether you now own, operate, | or utilize it or used | | | | |
| | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or | nmental law defines as a hazardou | s waste, hazardous substance, toxic | substance, | | | | |
| Rep | ort all notices, releases, and proceedings that | you know about, regardless of whe | n they occurred. | | | | | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | e under or in violation of an environm | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or admin | istrative proceeding under any env | rironmental law? Include settlements | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| | | • | | | | | | |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

| Pa | t 11: Give Details About Your Business or | Connections to Any Business | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|
| 27. | Within 4 years before you filed for bankrupt | tcy, did you own a business or have any of | the following connections to any business? | | | | | | |
| | ☐ A sole proprietor or self-employed i | n a trade, profession, or other activity, eith | er full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to I | Part 12. | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | | |
| | Business Name | Describe the nature of the business | Employer Identification number | | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security number or ITIN. | | | | | | |
| | | · | Dates business existed | | | | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial nstitutions, creditors, or other parties. | | | | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | | |

| Debtor 1 Jeanette M. Montes de Oca | Case number (if known) | |
|--|---|--|
| | | |
| Part 12: Sign Below | | |
| are true and correct. I understand that making | nancial Affairs and any attachments, and I declare under penalty of perjury that the answer false statement, concealing property, or obtaining money or property by fraud in connecti \$250,000, or imprisonment for up to 20 years, or both. | |
| /s/ Jeanette M. Montes de Oca | | |
| Jeanette M. Montes de Oca Signature of Debtor 1 | Signature of Debtor 2 | |
| Date March 19, 2024 | Date | |
| Did you attach additional pages to <i>Your State</i> . ■ No □ Yes | ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |
| Did you pay or agree to pay someone who is a ■ No | t an attorney to help you fill out bankruptcy forms? | |
| ☐ Yes. Name of Person Attach the Bank | uptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | |

| Fill in this information to identify your case: | | | | | | |
|---|--|--|--|--|--|--|
| Debtor 1 | Jeanette M. Montes de Oca | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | |
| United States B | ankruptcy Court for the: Eastern District of Wisconsin | | | | | |
| Case number (if known) | | | | | | |

| Check as directed in lines 17 and 21: | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| | ording to the calculations required by this ement: | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|---|-----------------------|--|-------------------|--|
| Your gross wages, salary, tips, bonuses, payroll deductions). | overtime | e, and commissions (before all | \$ 780.44 | \$ |
| Alimony and maintenance payments. Do Column B is filled in. | not includ | le payments from a spouse if | \$0.00 | \$ |
| 4. All amounts from any source which are r of you or your dependents, including chi from an unmarried partner, members of you and roommates. Do not include payments fr you listed on line 3. | ld suppo r househo | rt. Include regular contributions old, your dependents, parents, | \$ 198.71 | \$ |
| 5. Net income from operating a business, profession, or farm | | Debtor 1 | | |
| Gross receipts (before all deductions) | \$ | 160.86 | | |
| Ordinary and necessary operating expenses | -\$ | 53.13 | | |
| Net monthly income from a business, profession, or farm | \$ | 107.73 Copy here -> | \$107.73 | \$ |
| 6. Net income from rental and other real pro | perty | Debtor 1 | | |
| Gross receipts (before all deductions) | | \$0.00 | | |
| Ordinary and necessary operating expenses | 5 | -\$0.00_ | | |
| Net monthly income from rental or other rea | l property | \$ 0.00 Copy here -> | \$0.00 | \$ |

Official Form 122C-1

Debtor 1

15a. Copy line 14 here=>

1.961.55

| Debto | or 1 | Jean | ette M. Montes de Oca | | Case number (if known) | |
|-------|----------------|-------------------|---|------------------------------|--|----------------------------|
| | | Mul | Itiply line 15a by 12 (the number of months in a | ı year). | | x 12 |
| | 15b. | The | e result is your current monthly income for the y | ear for this part of the f | form | \$3,538.60_ |
| 16. | . Calcu | ılate t | the median family income that applies to yo | u. Follow these steps: | | |
| | 16a. F | -ill in | the state in which you live. | WI | | |
| | 16b. F | Fill in | the number of people in your household. | 4 | | |
| | ٦ | Γο fine | the median family income for your state and sized a list of applicable median income amounts, sticons for this form. This list may also be availa | go online using the link | | \$117,725.00_ |
| 17. | . How | do th | e lines compare? | | | |
| | 17a. | | Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO | | | |
| | 17b. | | Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcula your current monthly income from line 14 about | ation of Your Disposal | | |
| Part | i 3: | Cald | culate Your Commitment Period Under 11 U. | .S.C. § 1325(b)(4) | | |
| 18. | Сору | your | total average monthly income from line 11 | · | | \$1,961.55 |
| 19. | conte | nd tha se's in | e marital adjustment if it applies. If you are mat calculating the commitment period under 11 acome, copy the amount from line 13. marital adjustment does not apply, fill in 0 on line. | U.S.C. § 1325(b)(4) allo | not filing with you, and you ows you to deduct part of your | -\$0.00 |
| | 19b. \$ | Subtr | act line 19a from line 18. | | | \$1,961.55 |
| 20. | Calcu | ılate | your current monthly income for the year. F | -ollow these steps: | | |
| | 20a. 0 | Сору | line 19b | | | \$1,961.55 |
| | M | Multip | ly by 12 (the number of months in a year). | | | x 12 |
| | 20b. 7 | Γhe re | esult is your current monthly income for the year | ar for this part of the form | m | \$ 23,538.60 |
| | 20c. (| Сору | the median family income for your state and six | ze of household from lir | ne 16c | \$117,725.00 |
| | 21. I | low o | do the lines compare? | | | |
| | ı | | ine 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4. | ordered by the court, c | on the top of page 1 of this form, che | eck box 3, The commitment |
| | | | nine 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4. | ss otherwise ordered by | y the court, on the top of page 1 of t | his form, check box 4, The |
| Part | | _ | n Below | | | |
| | | | here, under penalty of perjury I declare that the | e information on this sta | atement and in any attachments is tr | ue and correct. |
| X | Jea | nette | ette M. Montes de Oca e M. Montes de Oca of Debtor 1 | | | |
| | • | MM / | ch 19, 2024 / DD / YYYY | | | |
| | - | | ked 17a, do NOT fill out or file Form 122C-2. ked 17b. fill out Form 122C-2 and file it with thi | is form. On line 20 of the | at form, copy your current monthly i | ncome from line 1/1 shove |
| | II VOU | CHEC | reu 170. IIII uul Eulli 1220-2 aliu iile il Willi liil | 3 101111. OH IIIR 33 UH IN | acionii. Coby your Current monthiy i | ILCOME HOM HILE 14 ADOVE. |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2023 to 02/29/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Halpin Staffing Services

Year-to-Date Income:

Last Year:

Debtor 1

Starting Year-to-Date Income: \$\frac{\$7,519.12}{\$9,579.78}\$ from check dated \$\frac{8/31/2023}{12/31/2023}\$.

This Year:

Current Year-to-Date Income: \$488.40 from check dated 2/29/2024 .

Income for six-month period (Current+(Ending-Starting)): **\$2,549.06**.

Average Monthly Income: \$424.84 .

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Midway Staffing

Year-to-Date Income:

Last Year:

This Year:

Current Year-to-Date Income: \$2,133.60 from check dated 2/29/2024

Income for six-month period (Current+(Ending-Starting)): \$2,133.60.

Average Monthly Income: **\$355.60**.

Line 4 & 40 - Child support income (including foster care and disability)

Source of Income: **Child support**Constant income of **\$198.71** per month.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Door Dash** Income/Expense/Net by Month:

| | Date | Income | Expense | Net |
|---------------|--------------------|----------|-----------------------------|----------|
| 6 Months Ago: | 09/2023 | \$147.73 | \$48.75 | \$98.98 |
| 5 Months Ago: | 10/2023 | \$429.09 | \$141.60 | \$287.49 |
| 4 Months Ago: | 11/2023 | \$193.37 | \$63.81 | \$129.56 |
| 3 Months Ago: | 12/2023 | \$32.21 | \$10.63 | \$21.58 |
| 2 Months Ago: | 01/2024 | \$146.00 | \$48.48 | \$97.52 |
| Last Month: | 02/2024 | \$16.75 | \$5.53 | \$11.22 |
| _ | Average per month: | \$160.86 | \$53.13 | |
| | | | Average Monthly NET Income: | \$107.73 |

Line 8 - Unemployment compensation (included in CMI)

Source of Income: Unemployment

Income by Month:

Debtor 1

| 6 Months Ago: | 09/2023 | \$1,105.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 10/2023 | \$954.00 |
| 4 Months Ago: | 11/2023 | \$611.00 |
| 3 Months Ago: | 12/2023 | \$138.00 |
| 2 Months Ago: | 01/2024 | \$0.00 |
| Last Month: | 02/2024 | \$0.00 |
| | Average per month: | \$468.00 |
| | | |

Line 10 - Income from all other sources

Source of Income: Foodshare

Income by Month:

| 6 Months Ago: | 09/2023 | \$0.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 10/2023 | \$0.00 |
| 4 Months Ago: | 11/2023 | \$668.00 |
| 3 Months Ago: | 12/2023 | \$836.00 |
| 2 Months Ago: | 01/2024 | \$836.00 |
| Last Month: | 02/2024 | \$0.00 |
| | Average per month: | \$390.00 |

Line 10 - Income from all other sources

Source of Income: W-2 Income

Income by Month:

| 6 Months Ago: | 09/2023 | \$0.00 |
|---------------|--------------------|---------|
| 5 Months Ago: | 10/2023 | \$0.00 |
| 4 Months Ago: | 11/2023 | \$0.00 |
| 3 Months Ago: | 12/2023 | \$0.00 |
| 2 Months Ago: | 01/2024 | \$50.00 |
| Last Month: | 02/2024 | \$50.00 |
| | Average per month: | \$16.67 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| CI | napter 7: | Liquidation | |
|------------|-----------|--------------------|--|
| | \$245 | filing fee | |
| | \$78 | administrative fee | |
| <u>+</u> _ | \$15 | trustee surcharge | |
| | \$338 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing tee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Wisconsin

| In re | Jeanette M. Montes de Oca | | Case N | 0. | |
|-----------|--|--|--|--|----|
| | | Debtor(s) | Chapte | r 13 | _ |
| | DISCLOSURE OF COMP | ENSATION OF ATTO | ORNEY FOR | DEBTOR(S) | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the for rendered on behalf of the debtor(s) in contemplation | iling of the petition in bankrupto | cy, or agreed to be p | aid to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 4,500.00 | |
| | Prior to the filing of this statement I have received | | | 500.00 | |
| | Balance Due | | \$ | 4,000.00 | |
| 2. \$ | \$ of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. 7 | The source of compensation to be paid to me is: | | | | |
| | ☐ Debtor ☐ Other (specify): Atto | orney Fees paid through Ch | napter 13 plan. | | |
| 5. | ■ I have not agreed to share the above-disclosed co | mpensation with any other person | on unless they are m | embers and associates of my law firm | a. |
| | ☐ I have agreed to share the above-disclosed competopy of the agreement, together with a list of the | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to | o render legal service for all aspe | ects of the bankrupto | ey case, including: | |
| t c | a. Analysis of the debtor's financial situation, and rest. b. Preparation and filing of any petition, schedules, some Representation of the debtor at the meeting of credit. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications. | statement of affairs and plan wh ditors and confirmation hearing, o reduce to market value; e ations as needed; preparation | ich may be required; and any adjourned exemption plannii | hearings thereof; | |
| | 522(f)(2)(A) for avoidance of liens on | household goods. | | | |
| 7. I | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding. ALS PROCEEDING REQUESTING DISCHA | dischargeability actions, ju O EXCLUDED: MOTIONS F | idicial lien avoida OR DETERMINAT | | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement | for payment to me for | or representation of the debtor(s) in | |
| М | larch 19, 2024 | /s/ Michael Rud | i | | |
| D | ate | Michael Rud | | | |
| | | Signature of Attor ESSERLAW LL | rney . C | | |
| | | 11805 W. Hamp | | | |
| | | Milwaukee, WI (414) 461-7000 | 53225 Fax: (414) 461-8 | 860 | |
| | | nancyl@esserl | | | |
| | | Name of law firm | <u> </u> | | |

United States Bankruptcy Court Eastern District of Wisconsin

| In re | Jeanette M. Montes de Oca | | Case No. | | | |
|---------------------------------|--|--|-----------------|-----------------------|--|--|
| | | Debtor(s) | Chapter | 13 | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | | |
| The abo | ove-named Debtor hereby verifies that the attack | ched list of creditors is true and corre | ect to the best | of his/her knowledge. | | |
| Date: | March 19, 2024 | /s/ Jeanette M. Montes de Oca | | | | |

Signature of Debtor

Amazon 410 Terry Ave N Seattle, WA 98109

Anthem PO Box 105170 Atlanta, GA 30348

AT & T Mobility c/o AFNI 1310 Martin Luther King Dr. P.O. Box 3517 Bloomington, IL 61702-3517

Atty. W. Richard Chiapete 1326 Willow Rd Mt. Pleasant, WI 53177-1917

Citi Card/Best Buy Attn: Citicorp Cr Srvs Centralized Bankr Po Box 790040 St Louis, MO 36179

Citi Card/Best Buy Po Box 6497 Sioux Falls, SD 57117

Educators Credit Union Attn: Bankruptcy Po Box 081040 Racine, WI 53408

Educators Credit Union 1400 N Newman Rd Racine, WI 53406

Hyundai Motor Finance Attn: Bankruptcy Po Box 20829 Fountain Valley, CA 92728

Hyundai Motor Finance 10550 Talbert Av Fountain Valley, CA 92708

Hyundai Motor Finance Attn: Bankruptcy P.O. Box 20829 Fountain Valley, CA 92728

Illinois Tollway PO Box 5544 Chicago, IL 60680-5544

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Kenosha YMCA 7101 53rd St. Kenosha, WI 53144 Midland Credit Management 350 Camino De La Reina Suite 100 San Diego, CA 92108

MRS BPO, LLC 1930 Olney Avenue Cherry Hill, NJ 08003

Sequium Asset Solutions, LLC 1130 Northchase Parkway, Ste. 150 Marietta, GA 30067

Synchrony Bank/Amazon Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Amazon Po Box 71737 Philadelphia, PA 19176

Synchrony Bank/TJX Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/TJX Po Box 71737 Philadelphia, PA 19176

The CBE Group, Inc. 1309 Technology Parkway Cedar Falls, IA 50613

Tremper High 8560 26th ave. Kenosha, WI 53143

UWC PO Box 953638 Lake Mary, FL 32795

Violation Enforcement Services P.O. Box 1212 Horseheads, NY 14845-1200

WE Energies Attn: Bankruptcy Dept. - A130 PO Box 2046 Milwaukee, WI 53201-2046

WI Department of Revenue Special Procedures Unit PO Box 8902 Madison, WI 53708